

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09615570	FILING DATE 19-29-00	
						APPLICANT(S)		
CLAIMS								
1	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		51	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
2							52	
3							53	
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44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.	6		10		6		TOTAL IND.	
TOTAL DEP.	15	→	14	→	59	→	TOTAL DEP.	
TOTAL CLAIMS	21	20	65				TOTAL CLAIMS	

Best Available Copy